



HAWAII STATE ETHICS COMMISSION  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
Horiuchi	Anne	T.	547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			547-5880
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Goodsill Anderson Quinn & Stifel			547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			547-5880
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Covanta Energy Group		973-882-7081
MAILING ADDRESS (Street)		FAX
40 Lane Road		973-882-7251
(City)	(State)	(Zip Code)
Fairfield	NJ	07007
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Paula Soos		973-882-7081
MAILING ADDRESS (Street)		FAX
40 Lane Road		973-882-7251
(City)	(State)	(Zip Code)
Fairfield	NJ	07007

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Carol J. Horvath

(Signature of Lobbyist)

1/20/05

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Paula Soos		Senior Director, Government Relations	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Covanta Energy Corporation		973-882-7081	
MAILING ADDRESS (Street)		FAX	
40 Lane Road		973-882-7251	
(City)	(State)	(Zip Code)	
Fairfield	NJ	07007	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u>Paula Soos</u>			
(Signature of Authorizing Officer or Person Represented)		(Date)	